



President's Message: *I Am in a Hurry to Get Things Done, Oh, I Rush and Rush Until Life's No Fun.*

These familiar lyrics from the hit Alabama song ring in my head as we try to carve more time out of our day to get everything done. One strategy to "get more done" is to "multi-task". Some of the things I try to multi-task with are: email while on conference calls, books on tape while driving, make calendar appointments while at the kids sports practices, and walking on the treadmill while watching ESPN SportCenter.



The idea, of course, is to do two things at once and save time. An interesting article in the New York Times (*Slow Down, Brave Multitasker, and Don't Read This in Traffic* by Steve Lohr) points out the pitfall and danger of multi-tasking. The author suggests that multi-tasking actually slows you down and increases your chance of a mistake; that the brain does not have the ability to concentrate on two things at once. An example given is that when doing two tasks, it might slow down your response time by one second, which is not a big deal if you are sitting at your work desk. But one second response time delay when sitting behind the wheel of a car at 60mph can be fatal.

An Oxford University study showed that the minds of younger people move faster (10% faster) when uninterrupted compared to older people. But when interrupted the older population had the same speed and accuracy of the younger study group when interrupted during the test. The older people think more slowly, but they have faster fluid intelligence, so they are better able to block out distractions and focus.

Think about your own practice setting and the number of times each day (each hour, each minute) you are interrupted from a task and asked to "multi-task". What does this do to your ability to concentrate? What does this do to your ability to practice safely? It is not a coincidence that hospitals are installing "no talk" zones around automated medication dispensing devices and next to physician order entry kiosks. Microsoft has proven that it takes their engineers 15 minutes on average to get back on track when interrupted during program design.

This leads us to believe that we need to use technology to supplement the brain. It took over 100 years during the Industrial Era for us to find methods to improve worker productivity, we are only 20 years into the Digital Era; let's hope we embrace new ways to improve our productivity sooner.

"All I really gotta do is live and die, But I'm in a hurry and don't know why□."

Looking for a digital compass,

Upcoming Events

ASHP Midyear

December 2-6, 2012

Las Vegas, NV

[Register Online](#)

MSHP/ICHP Annual Meeting 2013

April 11-13, 2012

St. Charles, MO

[Contact MSHP](#)

[MSHP Career Center](#)

In The Next Issue:

The next newsletter will have a submission deadline of November 9, 2012 for articles.

Please send articles to:

Brian Pitman

Dir. of Mktg. & Comm.

bpitman@centrichq.com

Daniel

Featured Articles

Background and Toxicity of Newer Phenethylamines, Specifically the 2C Series

By Suzanne Leverenz

Phenethylamines such as amphetamine, methamphetamine, 3,4-methylenedioxy-N-methylamphetamine (MDMA, ecstasy) and the naturally occurring mescaline found in peyote have been abused for years. However, newer synthetic phenethylamines have recently been introduced to the illicit drug market in the United States with synthetic drugs like mephedrone, methylenedioxypyrovalerone (MDPV, "bath salts"), bromodragonFLY and the "2C" series experiencing increased rates of abuse. Each of these compounds contain the same phenethylamine backbone with a variety of substitutions in their chemical makeup, creating over 200 designer phenethylamines. The main focus of this article is the group of phenethylamines known as the 2C series. [Read More](#)

Detection and Prevention of Gentamicin Toxicity in the Neonate

By Elizabeth Brockman, PharmD Candidate

Acute kidney injury (AKI) is common in neonatal intensive care units with an estimated incidence of 6-24%. Neonates who have AKI are at increased risk of developing subsequent renal disease and hypertension in later life. Gentamicin, an aminoglycoside antibiotic, is a known nephrotoxic and ototoxic agent widely used in combination with beta lactams for the treatment of suspected or proven neonatal bacterial sepsis. Little data exists quantifying the incidence of aminoglycoside induced nephrotoxicity in neonates. This is particularly troubling considering animal models demonstrate nephrotoxicity occurs earliest and at the highest rates in immature animals. [Read More](#)

Intravenous Lipid Emulsion in Toxicology: A Current Perspective

By Michael D Schmidt, PharmD, PGY-1 Pharmacy Practice Resident

The field of toxicology is constantly searching for new and innovative antidotes for toxicological emergencies. The best available option for many types of poisoning is still considered to be supportive care; therefore, any advancement in prevention of morbidity and mortality from toxicological events is heralded as a major step forward. Currently many clinicians are closely following the expanding evidence for the use of intravenous lipid emulsion (ILE) therapy. [Read More](#)

Calcium Channel Blocker Toxicity: A Patient Case and Treatment Discussion

By Sheena Merwine, PharmD Candidate and Elizabeth Tesch, PharmD Candidate

UMKC School of Pharmacy

Cardiovascular medications are a leading cause of mortality in adults due to drug exposure, only second to analgesics. Calcium channel blockers (CCBs) are one of the most common causes of prescription drug related fatalities and are responsible for almost half of those deaths. Among the CCBs, amlodipine, diltiazem, and verapamil are the biggest culprits. Doses of only two to three times the usual

therapeutic dose can be toxic. The presentation of CCB overdose is similar to that of beta blocker overdose and includes hypotension, bradycardia, decreased systemic vascular resistance, and cardiogenic shock. One difference in presentation, however, is that CCB overdose usually results in hyperglycemia, but in beta blocker overdose, the patient may present hypoglycemic or euglycemic and may exhibit altered mental status. This discussion will focus on CCB overdose and the patient case of EA will be reviewed. [Read More](#)

Toxicology of Synthetic Cannabinoids: There is No Such Thing as a Safe High

By Sarah French

The use of illegal substances is not a new phenomenon in the United States. For many years, substances like marijuana, LSD, amphetamines, and cocaine have been widely used. However, marijuana has for decades been one of the most abused illegal substances. Recently, the appearance of new designer drugs collectively called synthetic legal intoxicating drugs (SLIDS), has begun a new phenomenon called the "safe high." [Read More](#)

Midyear Pearls

As the 2012 edition of the ASHP Midyear Clinical Meeting looms closer, many prospective residents are likely experiencing an increasing amount of stress and anxiety, especially if this will be their first time attending the meeting. For those of us in practice, we can easily remember the feeling of walking into the zoo-like atmosphere of the Residency Showcase, wondering how in the world we would ever locate the booths we were looking for. I remember arriving about 30-minutes early to the first session of the week in 2006 only to find that about 100 eager students had already gathered, ready to charge through the doors as soon as they were opened. [Read More](#)

Pursuing a Residency Position in 2013

By Sarah Boyd, PharmD, BCPS

As you close out your didactic education, and embark on your new and exciting post graduate training opportunities. Here are a few items for you to consider. [Read More](#)

Student Survival Guide for ASHP Midyear

By Tracey Hysong, PharmD; Cassie Koetting, PharmD; and Eric McLain, PharmD, PGY-1 Pharmacy Residents at CoxHealth in Springfield, Missouri

Midyear is an event, or time in your life, where you will not feel completely prepared. The experience is unique, foreign, and unlike anything you've ever done before. The best preparation you can do is speak with numerous people who have been to Midyear before. Each individual's experience is different, and each person will have a different opinion of what you should do while you're there. Take the advice you like and leave the advice you don't; you will not have a shortage to choose from. However, here are some of our suggestions to prepare for ASHP Midyear. [Read More](#)

MSHP R&E Foundation Report

By Carla Zeilmann, Research and Education Foundation Board Member

MSHP R&E Fundraising Campaign

"Every Member, Every Year"

Have you ever wondered how the MSHP R&E Foundation provides grants and awards for education and research to advance the practice of pharmacy in the state of Missouri? The answer is from generous donations from MSHP members like you! The Foundation provides the following:

- Awards for the clinical skills competitions for students at Missouri colleges of pharmacy;
- Grants to offset the cost of traveling to the ASHP Midyear for Missouri students to compete in the National Clinical Skills Competition;
- Awards for outstanding posters at the MSHP Spring Meeting;
- Platform presentations at the MSHP Spring Meeting for outstanding original research projects;
- The Best Practice Award to a pharmacy program demonstrating a novel practice that improves patient care; and
- The Thomas J. Garrison Award to pharmacists who have sustained contributions to pharmacy advancement.

If every member of MSHP makes a donation to the MSHP R&E Foundation every year, it will be able to continue to provide these awards. Contributions to the R&E Foundation are considered charitable contributions by the IRS.

The MSHP R&E Foundation has a fundraising goal of \$4000 this year. You can donate online at moshp.org or with registration for the Spring Meeting. This year, you can also donate at the Missouri Reception at the Midyear Clinical Meeting, on Monday December 3rd from 5:30 - 7:30 pm in Room 309 of the MGM Grand. The Foundation Board will have a poster at the Midyear with the names of our current fiscal year donors, and you will be able to sign your name on the poster.

If you donate any amount, your name will be placed on a virtual brick wall on the R&E Website. The size of the brick will be proportionate to the size of the donation. The website will also contain a fundraising thermometer showing how close the Foundation is to the goal of \$4000. Make your donation and track your impact on the website.

Any amount you can donate would be greatly appreciated. Every member, every year!

January Best Practice Spotlight

We would like to highlight a pharmacy best practice for our January newsletter. If you know someone who has initiated a program that improved patient care or pharmacy processes, please email [Julie Murphy](mailto:Julie.Murphy@moshp.org).

Research Accomplishments

Did you recently have an article published or give a presentation at a national meeting? Please share information about your publication or presentation with the MSHP R&E Foundation so we can showcase the contributions of MSHP members to the literature and the profession in the virtual glass cabinet on our website. Please email [Julie Murphy](mailto:Julie.Murphy@moshp.org).

Call for Award and Research Abstract Submissions

By Julie A. Murphy, MSHP Research and Education Foundation Executive Director

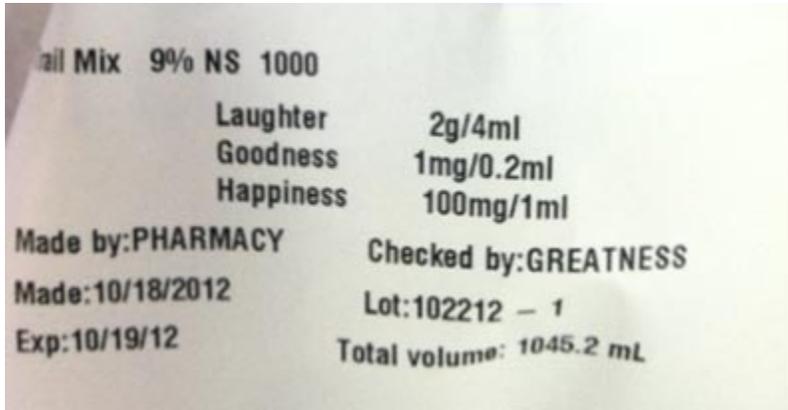
The 2013 MSHP/ICHP Spring Meeting will be here before we know it. Now is the time to start thinking about what research you would like to share with your colleagues in health- system pharmacy. The MSHP Research and Education Foundation will be sponsoring Poster Presentations, Platform Presentations, and other Awards during the meeting at the St. Charles Convention Center in St. Charles, MO from April 11-13th. [Read more!](#)

MSHP News

Cox Celebrates Hospital Pharmacy Week

To commemorate the celebration of Pharmacy Week 2012, we would like to highlight the Cox Medical Center Pharmacy Department by sharing some photos and a description of their amazing week! Start planning now, Pharmacy Week 2013 will be celebrated from October 20-26 next year.

Brandon Craven, pharmacy technician and coordinator of Pharmacy Week 2012 at Cox Medical Center describes what they did to make October 13-19 a special one.



[Click the label above for more pictures.](#)

According to Brandon:

1. We had a massage therapist come in for four 45min sessions. This gave all the techs 10 minutes with the therapist.
2. There were 1,400 miniature candy bars that we pre-packed for the nursing staff tours, our other pharmacy locations, and a neighboring hospital.
3. All the technicians received a lunch bag and a draw string bag.
4. All the pharmacists received a draw string bag.
5. At our weekly staff meeting we had prize bags and asked questions about our pharmacy.
 - a. We pre-pack 4k-5k medications daily.
 - b. From 0600 to 1400 we dispense 3,000 medications.
 - c. There are 96 Omnicells at our south building (our main location)
 - d. We have 169 different controlled substances.
 - e. We tube out 1,200 tubes in an 8 hour period.
6. The technicians submitted and chose a pharmacy T-Shirt
7. We gave all of our volunteers tumblers.
8. Nursing staff had the opportunity to tour the pharmacy and receive an explanation on how we work.

Cox North

Each year the North Pharmacy hosts a game of Psych Jeopardy. Nursing staff compete for prizes by answering psychiatric-medicine related questions on topics such as common side effects, history, and medication dosing. They combine it with an open house and offer a fruit tray, cupcakes and other snacks. This year's categories were: Polar, Roots, Word, Meds101, and You Move Me. This year's winner works on our F300 Adult Psychiatric nursing unit. Congrats to the winners!



MSHP Welcomes New Members!

October

Carolyn Huninghake, Student

Stefanie Hawkins, Pharmacist/Recent Grad
University of Kansas Hospital

Dominick Salvatore, PGY1 Resident
SSM St. Mary's Health Center

Rebecca Levy, Student

Katie Pauley, PGY1 Resident
Children's Mercy Hospital and Clinics

Dainielle Fox, Student

November

Jennifer Tussey, Student

Ruxandra Jucan, Pharmacist
University of Kansas Hospital

Karen Obermann, Student

Thomas Raftery, Pharmacist
Christian Hospital

Molly Derryberr, Student

Brooke Bullimore, Pharmacist
University of Kansas Hospital

Stephanie Altepeter, PGY1 Resident
St. Luke's Hospital

KK Vouthy, Student

Alexi Kanago, Pharmacist
University of Kansas Hospital

Jared Sheley, PGY1 Resident
St. Luke's Hospital

Emily Huedepohl, PGY1 Resident
St. Luke's Hospital

Spence Pummel, PGY1 Resident
St. Luke's Hospital

